

CLAIMS ONLY						Application Number 10605417	Filing Date	
						Applicant(s)		
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend		
1	1					51		
2	1					52		
3		1				53		
4		1				54		
5		1				55		
6		1				56		
7	1					57		
8						58		
9						59		
10						60		
11						61		
12						62		
13						63		
14						64		
15						65		
16						66		
17						67		
18						68		
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23						73		
24						74		
25						75		
26						76		
27						77		
28						78		
29						79		
30						80		
31						81		
32	1					82		
33						83		
34						84		
35						85		
36						86		
37						87		
38						88		
39						89		
40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
Total Indep	6					Total Indep		
Total Depend	1	←	←	←		Total Depend	←	
Total Claims	7					Total Claims	←	